

DOMESTIC VIOLENCE HOUSING PROGRAMS (EMERGENCY/TRANSITIONAL)

Households threatened by DV and households with an individual with HIV/AIDS: Do not sign the form at the bottom

If program is not a designated domestic violence program please use regular "Housing Programs" form to receive written consent

Unsheltered households should use *Unsheltered/Living with Family or Friends* form

ONE FORM PER HOUSEHOLD

For Surveyors-- *Location: Where did you stay last night?

Program Name: _____

☐ Emergency Shelter
 ☐ Transitional Housing Program
A. *Chronic Homelessness & Length of Time Homeless

Have you or anyone in the household been continuously homeless for a year or more?

☐ Yes (skip to Household Information section) ☐ No

Have you or anyone in the household been homeless 4 or more times in the last 3 years?

☐ No (skip to Household Information) ☐ YesDo these episodes, added together, amount to a year or more? ☐ Yes ☐ No**B. *Household Information**

(Please enter each HH member below. Use additional form if household has more than four members.)

i. Last Known Permanent City _____ ZIP _____										v. Disabilities				
Relation to Head of Household (if applicable) Spouse/ Partner/ Child/Etc.	ii.		iii.	iv. Population Data					Check all that apply to each client					
	First Name	Last Name	Birth Date (or if DOB refused; Year of Birth)	Gender ¹	Race ² (enter all that apply)	Ethnicity (Hispanic (H) or Non-Hispanic (N))	Domestic Violence Survivor (check if yes)	Veteran (ever served in the military)	Chronic Substance Abuse	Physical Disability (Permanent)	Developmental Disability	Mental Health (Substantial & Long-Term)	Chronic Health Condition (Permanently Disabling)	HIV/AIDS (enter as consent refused in HMIS)
Self														

¹ Male (M), Female (F), Transgender Male to Female (TMF), Transgender Female to Male (TFM), Don't Identify as M, F, or T (D), Data not collected (R)² White (W), Black or African-American (B), Asian (A), American Indian or Alaska Native (I), Native Hawaiian or Other Pacific Islander (H), Data not collected (R)**C. Circumstances that Caused Your Homelessness (check all that apply)**☐ Refused ☐ Don't Know

Housing & Economic		System & Legal		Health Issues		Family Conflict	
<input type="checkbox"/> Job Loss/unemployment	<input type="checkbox"/> Discharged from hospital or other medical facility	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Domestic Violence				
<input type="checkbox"/> Eviction/Loss of housing	<input type="checkbox"/> Discharged from criminal/juvenile justice system	<input type="checkbox"/> Physical health/disability	<input type="checkbox"/> Guardian mental health/substance abuse				
<input type="checkbox"/> Lack of job training/unable to work	<input type="checkbox"/> Aged out of foster care	<input type="checkbox"/> Alcohol/substance abuse	<input type="checkbox"/> Family Rejection/Kicked out				
<input type="checkbox"/> Lack of childcare	<input type="checkbox"/> Medical costs	<input type="checkbox"/> Illness	<input type="checkbox"/> Abuse/Neglect				

D. Source(s) of Household Income and Benefits (check all that apply)		<input type="checkbox"/> Refused	<input type="checkbox"/> Don't Know
Public Assistance/Benefits		Employment	Other
<input type="checkbox"/> TANF	<input type="checkbox"/> VA	<input type="checkbox"/> Part time	<input type="checkbox"/> None
<input type="checkbox"/> SSI	<input type="checkbox"/> Child Support	<input type="checkbox"/> Full time	<input type="checkbox"/> Panhandling
<input type="checkbox"/> Temporary Disability	<input type="checkbox"/> Medicare/Medicaid	<input type="checkbox"/> Farm/seasonal	<input type="checkbox"/> Relative/friends
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Soc. Sec.	<input type="checkbox"/> Under the table/informal	<input type="checkbox"/>

This form is only to be used at Domestic Violence agencies. Please use the regular 2017 PIT Survey Form (with signature line and release of information) for other locations in order to avoid duplication.

* Denotes data that HUD requires for the PIT Count. All answers from individuals surveyed are voluntary.

Thank you for helping us improve services to homeless persons